

FILED MAY 14 1946

Registration District No. 38

Primary Registration District No. 4228

Registrar's No. 25

1. PLACE OF DEATH:
(a) County HOWARD
(b) City or town GLASGOW
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 85 years (Specify whether)
years, months or days

3. (a) PRINT FULL NAME AUSTIN B. PRICE
(b) If veteran, _____ name war _____
(c) Social Security No. _____

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced WIDOWED
7. Birth date of deceased: MAY 13 1860
(Month) (Day) (Year)

6. (b) Name of husband or wife GEORGIA FINKS PRICE 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased: MAY 13 1860
(Month) (Day) (Year)

8. AGE: Years 85 Months 10 Days 24 If less than one day _____ hr. _____ min.

9. Birthplace _____ (City, town, or county) (State or foreign country) MO 9

10. Usual occupation LIFE INSURANCE REAL ESTATE

11. Industry or business HIS OWN BUSINESS

12. Name Edwin W. Price

13. Birthplace Chariton County Mo. (City, town or county) (State or foreign country)
14. Maiden name Katherine Bradford
15. Birthplace Boone County Mo. (City, town, or county) (State or foreign country)

16. (a) Informant Edwin W. Price
(b) Address Glasgow MO

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr 8, 1946 (Month) (Day) (Year)
(c) Place: burial or cremation Glasgow MO

18. (a) Signature of funeral director Buddley Fremouth
(b) Address Glasgow MO

19. (a) 4-8-46 (Date received local registrar) (b) Joe King (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Bloward
(c) City or town Glasgow (If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country _____

20. DATE OF DEATH: Month April day 6 year 1946 hour 6 minute 50 P.M.

21. I hereby certify that I attended the deceased from Feb 1, 1946 to 4-6 1946 that I last saw him alive on 4-6 1946 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis Duration 1 yr.
Due to Chronic nephritis ?
Due to _____ 1 yr.

Other conditions Carcinoma Prostate (Include pregnancy within 3 months of death)

Major findings: Prostate neoplasm 1941-
Of operations _____
Of autopsy _____

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external cause, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

23. Signature J. Stachler (Specify type of place) (e) Means of injury _____
Address Glasgow MO Date signed 4-8-46

JUN 18 1946

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed *J. Walker Andale*
Licensed Embalmer No. *33336*
P. O. Address *Glasgow, Ill.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

Registration District No. 382

Primary Registration District No. 4238

1. PLACE OF DEATH:

(a) County Howard
(b) City or town Glasgow
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community _____ years, months or days

3. (a) PRINT FULL NAME Austin B. Price

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex M 5. Color N 6. (a) Single, widowed, married, divorced wid

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased May 13 1946
(Month) (Day) (Year)

8. AGE: Years 85 Months 4 Days _____ If less than one day _____ hr. _____ min.

9. Birthplace Chagr. Mo (City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

12. Name _____

13. Birthplace _____ (City, town, or county) (State or foreign country)

14. Maiden name _____

15. Birthplace _____ (City, town, or county) (State or foreign country)

16. (a) Informant _____

(b) Address _____

17. (a) _____ (b) Date thereof _____
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) _____ (b) Joe Price
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____
(c) City or town _____ (If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month _____ year 1946 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____ to _____, 19____, that I last saw him _____ alive on _____, 19____, and that death occurred on the date and hour stated above.
Immediate cause of death _____

Duration

Due to _____

Due to _____

Other conditions _____ (Include pregnancy within 3 months of death)

PHYSICIAN

Major findings: Of operations _____

Of autopsy _____

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

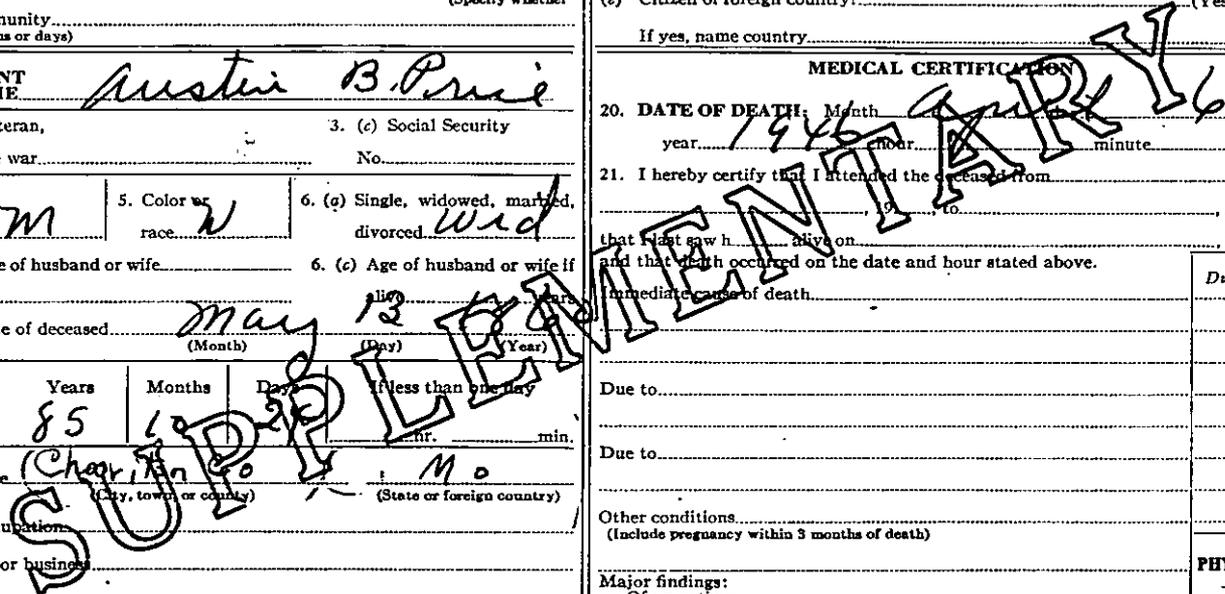
(c) Where did injury occur? _____ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature _____ (M. D. or other)

Address _____ Date signed _____



WHILE FLAINLY—USE UNFADING BLACK INK—WRITE PLAINLY

MOTHER FATHER

12908

JUN 18 1946